

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563740

FILING DATE

APPLICANT(S)

2/4/10 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
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TOTAL IND.			1		2	
TOTAL DEP.			15		19	
TOTAL CLAIMS			16		31	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					2	
TOTAL DEP.			15		19	
TOTAL CLAIMS			16		31	